

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB	2215	8-21-00
O.I.P.E. CLASSIFIER		15	8-24-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	59573		9-21-00

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
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12		62		112	
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43		93		143	
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46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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